



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH CARE, QUALITY, FINANCING AND PURCHASING
MEDICAL ASSISTANCE PROGRAM**

MAY 1, 2004

**IMPORTANT NOTICE REGARDING CHANGES TO PHARMACY PRIOR AUTHORIZATION
PROGRAM**

The State of Rhode Island Medical Assistance Pharmacy Program is expanding its' program of prior authorization for certain prescription drugs. Beginning **May 1, 2004**, Long Acting Narcotics, prescription 2nd Generation Antihistamines and prescription Ophthalmic Allergy Medications will require prior authorization.

Drugs Currently Requiring PA	New Drugs Requiring PA (Effective 5/1/2004)
<ul style="list-style-type: none">• CNS Stimulants• Erectile Dysfunction Drugs• Follicle Stimulating Hormones• Growth Hormones• Modafanil• Weight Loss / Anti-Obesity Drugs• Cox-2 Inhibitors• Proton Pump Inhibitors• Botox	<ul style="list-style-type: none">• Long Acting Narcotics• Prescription 2nd Generation Antihistamines• Prescription Ophthalmic Allergy Medications• Xolair• Fuzeon• Remodulin• Tracleer• Flolan

You are receiving this letter because we note that you have prescribed at least one of these agents over the past year. Enclosed is information regarding the current process and where to locate the criteria being utilized for any of those drug classes listed above. Please refer to the criteria when prescribing or dispensing any of the medications to your patients.

As always, your support is critical to the success of this Medical Assistance initiative. It is our goal to partner with you in the provision of quality cost-effective health care to your patients. Questions regarding the Prior Authorization program may be referred to Ingelcia Simas at 401-784-3818.

Sincerely,

Paula J. Avarista, R.Ph.
Chief of Pharmacy and Related Services
Office of Contracting and Payment